



July 12, 2019

TO: Members of the Maricopa Regional Continuum of Care Committee

FROM: Chela Schuster, UMOM, Co-Chair
Brandi Whisler, Circle the City, Co-Chair

SUBJECT: MEETING NOTIFICATION AND TRANSMITTAL OF TENTATIVE AGENDA

Meeting—9:30 a.m.

Wednesday, July 17, 2019

MAG Office, Second Floor, **Ironwood Room**

302 North 1st Avenue

Phoenix, AZ 85003

The next Maricopa Regional Continuum of Care (CoC) Committee meeting will be held at the time and place noted above. Members of the CoC Committee may attend either in person or by phone. Supporting information is enclosed for your review.

The meeting agenda and resource materials are also available on the MAG website at www.azmag.gov. This location is publicly accessible and does not require a password.

Please park in the garage underneath the building. Bring your ticket to the meeting, parking will be validated. For those using transit, the Regional Public Transportation Authority will provide transit tickets for your trip. For those using bicycles, please lock your bicycle in the bike rack in the garage.

In 1996, the Regional Council approved a simple majority quorum for all MAG advisory committees. If the Continuum of Care Committee does not meet the quorum requirement, members who have arrived at the meeting will be instructed a legal meeting cannot occur and subsequently be dismissed. Your attendance at the meeting is strongly encouraged.

Pursuant to Title II of the Americans with Disabilities Act (ADA), MAG does not discriminate on the basis of disability in admissions to or participation in its public meetings. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the MAG office. Requests should be made as early as possible to allow time to arrange the accommodation.

TENTATIVE AGENDA
MARICOPA REGIONAL CONTINUUM OF CARE (CoC) Committee
July 17, 2019

1. Call to Order

2. Call to the Audience

An opportunity will be provided to members of the public to address the Continuum of Care (CoC) Committee on items not scheduled on the agenda that fall under the jurisdiction of MAG, or on items on the agenda for discussion but not for action. Citizens will be requested not to exceed a three-minute time period for their comments. A total of 15 minutes will be provided for the Call to the Audience agenda item, unless the CoC Committee requests an exception to this limit. Please note that those wishing to comment on agenda items posted for action will be provided the opportunity at the time the item is heard.

3. Approval of May CoC Committee Minutes

The draft minutes from the May 15, 2019 CoC Committee meeting were distributed with the meeting materials.

4. Mission Moment

A CoC Committee member will share a "Mission Moment" to highlight a success story of a client served by a homeless services project.

5. Community Chronic Homeless Verification Letter

The Community Chronic Homeless Verification Letter (CHVL) project started with discussions in the Ending Chronic

2. Information.

3. Information, discussion **(5 min.)** and possible action to approve the CoC Committee minutes from the May 15, 2019 meeting.

4. Information and **(5 min.)** discussion. Michelle Jameson, U.S. VETS, will present a mission moment.

5. Information, discussion **(10 min.)** and possible action to make recommendations to the CoC Board on the adoption of a Community

<p>Homelessness Workgroup. The Coordinated Entry providers and PSH providers indicated the benefit of having standard documentation. The CHVL was presented by the Ending Chronic Homelessness Workgroup to the Coordinated Entry Subcommittee. A draft of the CHVL was distributed with the meeting materials.</p>	<p>Chronic Homeless Verification Letter.</p>
<p>6. <u>2020 Census</u> A representative of the U.S. Census Bureau will do a presentation on the U.S. Census and the process for enumeration for group quarters.</p>	<p>6. Information and discussion. (15 min.)</p>
<p>7. <u>System Performance Measures</u> Ty Rosensteel, Crisis Response Network, will present on the community's 2018 System Performance Measures submitted to HUD.</p>	<p>7. Information and discussion. (15 min.)</p>
<p>8. <u>VAWA Changes to the Coordinated Entry Policies and Procedures</u> The Coordinated Entry Subcommittee considered changes to the Policies and Procedures related to the Violence Against Women Act.</p>	<p>8. Information, discussion, and possible action to make recommendations to the CoC Board on the adoption of VAWA language in the CE Policies and Procedures. (15 min.)</p>
<p>9. <u>2019 Point in Time Report</u> The 2019 Point in Time Report will be presented by MAG staff for feedback.</p>	<p>9. Information and discussion. (10 min.)</p>
<p>10. <u>Updates:</u> The Committee will hear updates on:</p> <ol style="list-style-type: none"> 1) Community training on the SPDAT 2) Long-term Shelter Stayer additional data collection 3) NOFA update 4) Update on Board Strategic Planning Session 	<p>10. Information and discussion. (5 min.)</p>

11. Request for Future Agenda Items

Topics or issues of interest that the Maricopa Regional Continuum of Care Committee would like to have considered for discussion at a future meeting will be requested.

12. Comments from the Committee

An opportunity will be provided for Continuum of Care (CoC) Committee members to present a brief summary of current events. CoC Committee members are not allowed to propose, discuss, deliberate or take action at the meeting on any matter in the summary, unless the specific matter is properly noticed for legal action.

13. Motion to Adjourn

11. Information and **(5 min.)**
discussion of future agenda items.

12. Information only. **(5 min.)**

MINUTES OF THE
MARICOPA REGIONAL
CONTINUUM OF CARE COMMITTEE

May 15, 2019

MAG Office Building, Ironwood Room

<p>MEMBERS ATTENDING</p> <p>Elizabeth da Costa, CBI</p> <p>Kathy Di Nolfi, A New Leaf</p> <p>Alfred Edwards, DES</p> <p>*Blythe Fitzharris, MMIC</p> <p>^#Shane Groen, Arizona Housing Coalition [Joan Serviss]</p> <p>^Irma Hollamby, Housing Authority of Maricopa County [Jessica Cruz]</p> <p>Michelle Jameson, U.S. VETS-Phoenix</p> <p>Sarah Kent, one•n•ten</p> <p>#Laura Magruder, Maggie's Place</p> <p>Aaron Raine, City of Mesa Police</p> <p>*Neither present nor represented by proxy.</p> <p>#Attended by telephone conference call.</p> <p>^Represented by proxy.</p> <p><u>OTHERS PRESENT</u></p> <p>Lori Dennehy, Save the Family</p> <p>Mary Glennon, CASS</p> <p>Leslie MarNa, House of Refuge</p> <p>Kayla McGhee, Banner University</p> <p>Eugenio Munoz Villafane, City of Scottsdale</p> <p>Trevor Southwick, AHI</p>	<p>^Nikki Ramirez, Chicanos Por La Causa [Gerardo Pena]</p> <p>Tama Reilly, Arizona State University</p> <p>Tyler Rosensteel, CRN</p> <p>Chela Schuster, UMOM, Co-Chair</p> <p>Sara Sims, Phoenix Elementary School District</p> <p>Stefanie Smith, NAC</p> <p>^#Charles Sullivan, ABC [Tricia Gibson]</p> <p>^Jacki Taylor, Save the Family, [Laura Skotnicki]</p> <p>Keith Thompson, Phoenix Shanti Group</p> <p>John Wall, AHI</p> <p>Andrew Wambach, Human Services Campus</p> <p>Brandi Whisler, Circle the City, Co-Chair</p> <p><u>MAG STAFF</u></p> <p>Maria Piña</p> <p>Anne Scott</p>
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1. Call to Order and Introductions

Chela Schuster, UMOM, Co-Chair of the Continuum of Care (CoC) Committee, called the meeting to order. Introductions followed.

2. Call to the Audience

Audience members were given an opportunity to address the Committee on items that were not on the agenda that are within the jurisdiction of MAG, or non-action agenda items that are on the agenda for discussion or information only. There were no comments.

3. Approval of the April CoC Committee Meeting Minutes

Joan Serviss, Arizona Housing Coalition, pointed out that the draft minutes had an incorrect date and that the minutes did not indicate that Ms. Serviss attended as Shane Groen's proxy. Tyler Rosensteel, Crisis Response Network, moved to accept the April meeting minutes changing the date to April 17 and noting Ms. Serviss' role as proxy. Ms. Stefanie Smith, Native American Connections, seconded the motion. The motion passed unanimously. Sara Sims, Phoenix Elementary Schools, abstained.

4. Mission Moment

John Wall, AHI, presented a mission moment about Mary B., a person that AHI and CASS has known for 20 years. Mary was a local legend, known on the street as "Big Mary". She was a street prostitute as well as a crack and meth addict. She hung out with a rough crowd. She also suffered from untreated mental illness, which led to angry voices in her head. The cops knew Mary because she was known to pick up bricks and rocks and throw them at police cars. She once threw a CASS shelter manager over the intake counter when he tried to tell her what to do. Another time she walked naked down Madison Avenue daring police officers to arrest her. All attempts to engage her in services were met with complete, angry resistance.

In 2012, she came to know and trust a case manager at the Human Services Campus, Tammy Staley. Tammy slowly got Mary to consider a new housing approach called Housing First. There would be no demand for her to engage in services and she would be able to have her own place. Mary agreed and was referred to 209 W Jackson Street in 2013. Mary was one of the first residents accepted under the Housing First approach. Tammy then went to work for AHI and was able to oversee Mary's transition into permanent housing.

Unfortunately, Mary was picked up on an outstanding warrant for missing a court date and was arrested. Mary was upset and thought she had lost her housing. Tammy went

to the jail to visit Mary. Tammy told Mary that AHI would hold her housing for her and the agency would advocate before the court on her behalf.

AHI attend the court date with Mary and told the judge that Mary had been making progress at 209 W. Jackson, and the judge released Mary. He told her if he ever saw her again, she would be going straight to prison.

This incident caused Mary to examine her life and she vowed to change. When she was released from jail, she worked with Tammy to get connected with mental health services. She participated in all groups offered at 209 W. Jackson. Mary was able to get social security benefits and stabilize her life.

Mary continues to live at 209 W. Jackson with her little dog "Joe Friday." She has become a mentor at the complex and many residents seek out her advice and counsel. Her advice is always to be willing to go back to your clinic as many times as is necessary to get the perfect cocktail of medication.

Mary is planning to move to Collins Court soon to a larger unit with a grassy area for Joe Friday and will be featured in an upcoming United Way video.

Michelle Jameson, U.S. Vets, offered to present the mission moment at the next CoC Committee meeting.

5. Long-term Shelter Stayer Prioritization Review

Tyler Rosensteel, Crisis Response Network and Andy Wambach, Human Services Campus, presented the interim results of the Long-term Shelter Stayer Prioritization Project.

Mr. Wambach reminded the group that the Board had approved the prioritization schema to prioritize long-term shelter stayers who were chronically homeless for housing resources. A workgroup, facilitated by MAG, looked at the data and determined who is a long-term shelter stayer. Shelter providers, HMIS staff, and Coordinated Entry met and defined "long-term shelter stayers" and a process for prioritizing them.

Mr. Wambach walked the group through the data on the number of participants in the project since the inception.

Mr. Rosensteel noted that whenever the community has an effort such as this, the element of data accuracy becomes a focal point of the project.. Overall, this helps the system since we look closely at data accuracy, in addition to data completeness.

Mr. Wambach noted that the project identifies long-term stayers as those with a stay of 215 days or longer. In addition, the project tracks those with shelter stays of 200-214 days in order to anticipate the number of people in shelter that may become long-term stayers. The number of stayers of 200-214 days is high and results in a steady inflow of long-term stayers. Where the project has made progress is in the area of chronic long-term stayers. The number started at 37 and is now down to 13.

The Housing Match staff and the Human Services Campus has taken a lot of pride in getting creative with these folks. One example was a client that was very reluctant to give up her documents. Staff were able to partner with Native American Connections and show the client an apartment. This gave her more confidence to let staff take the documents she needed for admission into the project.

Staff has had more success in placing these folks in site-based units. Low turnover in those projects make it hard to make a huge headway. Nevertheless, the focus on long-term stayers has resulted in new partnerships with providers and some creative thinking around these folks. The Human Service Campus is recommending that the project continue.

Mr. Rosensteel noted that there are always other populations that need to be considered. While Mr. Rosensteel and Mr. Wambach are recommending that we continue the project, we should continue to evaluate it since for every long-term shelter stayer there is also someone who has been on the streets for a long time. We want to make sure that we continue to evaluate the consequences of the project.

Elizabeth da Costa, Community Bridges, Inc., asked when the project started. Mr. Rosensteel and Mr. Wambach responded that it was intended to start in December, but it took until January to get the pieces in place.

Ms. da Costa asked when the data clean up happened, so we can track the results based on data clean up versus positive outcomes of the project. Mr. Rosensteel responded that it has been an ongoing process, however, the Housing Inventory Chart submitted to HUD in May was also an opportunity for providers to clean up their data and it would not be unusual to see a big change in numbers between April and May based on that clean up.

Ms. da Costa asked that Mr. Rosensteel and Mr. Wambach report back on the number of shelter beds that were freed up as a result of the project. In addition, she asked for

number of shelter entries for people that were previously unsheltered. Mr. Rosensteel responded that he would follow up with more data.

Mr. Wambach moved to recommend to the Board that the Chronic Long-term Stayer Project continue as well as look at more data. Mr. Wall seconded. The motion passed unanimously.

6. 2019 NOFA Scorecard

Anne Scott, CoC Staff, walked the Committee members through the 2019 NOFA Scorecard. Staff is working to finalize the scorecard by May 20 so that we can begin scoring the projects for renewal.

The community has an ambitious schedule for scoring this year to help the Board in strategic planning for bonus funding and transition planning for those projects that will not continue.

This year's scorecard eliminates negative points. In addition, question 5B on HMIS training was eliminated due to a change in the HMIS policy this year. HMIS users that do not complete annual training are denied entry into the system making this question unnecessary.

The Coordinated Entry providers and HMIS will be meeting on reports from HMIS for the Coordinated Entry question 6B. One other unresolved issue is the System Performance targets. There is concern that if we run a system-wide APR, there may be some double counting in the numbers. One option is to leave the measures as they were in the 2018 scorecard.

Ms. Sarah Kent asked if victims of exploitation could be added to the definition of "harder to serve". Ms. Scott responded that staff would follow up with our consultant on the project and noted that if the data point is not captured in the APR it is difficult to fold it into the scorecard.

Ms. Smith asked about eliminating 5B. Ms. Scott confirmed that 5B is no longer on the scorecard.

Ms. Smith asked if there was a discrepancy on the coordinated entry questions, would that be something that would be discussed prior to presenting the scores to the Subcommittee or at the Subcommittee.

Ms. Scott responded that the providers should have already received an email communication from Eli Hamilton, the HomeBase consultant for the project, confirming the projects for scoring. Mr. Hamilton will be working with you on the APR and putting the information into the PRESTO scoring tool. Then there will be process of validation.

Ms. Smith noted that she did not think Native American Connections got the email. Ms. Scott replied that it was sent to Jennifer Dangremond. Ms. Scott reminded providers that it is very important to ensure the right person is listed in your HUD application as the primary contact for the organization since that is the contact both HUD and the Continuum of Care would use.

Co-Chair Schuster reminded Committee members that there is a Coordinated Entry Referrals Report that providers may run showing their referrals from Coordinated Entry. Providers should be pulling the report regularly so that if there are issues with Coordinated Entry referrals, we are addressing them immediately.

Ms. Smith noted that the question about exits to homelessness is gone. Ms. Scott responded that projects got all points and exits to homelessness are not necessarily related to returns to homelessness since very few projects exit people to homelessness.

Co-Chair Schuster noted that 2B should include stayers. Co-Chair Schuster asked about the 2-year grants and the scorecard indicates that the grant amount would be divided in half. Ms. Scott responded that staff will circle back with Mr. Hamilton.

Keith Thompson, Phoenix Shanti, thanked CoC staff for taking into consideration feedback on the scorecard.

Ms. Scott thanked Mr. Thompson and noted that one primary area of feedback was to try to keep the scorecard consistent from year to year so that agencies knew what to expect. The staff has tried to do that. Co-Chair Schuster said that she also appreciated the consistency in the scorecard.

7. Coordinated Entry Policies and Procedures Matrix

Jowan Thornton, MAG, briefed the Committee on the Coordinated Entry Matrix Project to review the Coordinated Entry Policies and Procedures and the Singles Coordinated Entry and Family Housing Hub Operating Manuals to determine consistency. The project identified opportunities for aligning the three documents.

The goal is to identify what is organizational practice compared to what has been approved the Board. The project is aimed at removing what is organizational practice and aligning the operations manuals with Board-adopted policy. We hope to get to a point where all of the processes and policies are streamlined.

The matrix defines the following topic areas: guiding principles; nondiscrimination policies; Housing First; and, safeguards for special populations. The matrix identifies issues in the manuals and references the section where the manual the policy should be addressed. Recommendations are included to help spur the conversation on potential fixes.

Mr. Rosensteel asked what the "end product" will be. Mr. Thornton responded that the "end product" is to continue to have operating manuals and the policies and procedures manual, but all three documents align.

Mr. Wambach noted that both CE Leads knew a year ago there were discrepancies and it is helpful to have a roadmap forward. From the CE perspective, you cannot hand a CE Policy and Procedure Manual to staff. We will continue to have an operations manual.

Mr. Rosensteel asked why the Board approves the operating manuals. Ms. Scott responded that the two agencies that stepped up to lead the coordinated entry function did a great job setting up the system and took the lead in writing the original operating manuals. However, when the operating manuals were written they contain many policy statements. Part of the process is dialing back a little so that Board is making decisions on policy that should be included in the Policies and Procedures while ensuring that the documents align. This is necessary for oversight of the system.

Co-Chair Schuster responded that there needed to be changes in both the operating manuals and the policies and procedures. There have been meetings for both the family providers and the singles providers to update the manuals. We may be recommending changes to the policies and procedures as well.

Ms. Kent recommended that the manuals use inclusive language when describing gender. In addition, she recommended a web training on what is equitable and how that relates to shelter and other programs.

8. Updates

Ms. Scott updated the Committee on the Youth Homelessness Demonstration Program Grant application. The application is due today at midnight EST. She thanked

everyone for their participation and support. The community will be submitting the application this morning.

We sent request to 42 agencies and/or funders asking for funding commitments or support. We have received 30 responses thus far including five funding commitments and support from Mayor Kate Gallego.

We received the MOU from the Department of Child Safety last night. Thaddeus put together a great needs assessment last year that staff updated. The CoC is grateful for the support and noted that it was a collaborative community project.

9. Request for Future Agenda Items

Ms. Smith expressed concern that there is no community SPDAT training going on right now. Ms. Serviss responded that the Coalition has some limited capacity to organize the training. She noted that the Arizona Housing Coalition requested funding from the Continuum of Care for Train the Trainer training to expand the bench of trainers.

Co-Chair Schuster asked that the F SPDAT training be folded into the process.

Ms. Scott responded that she would follow up with the Board on using planning dollars to fund the training. Ms. Serviss said that the Housing Coalition is happy to coordinate the training, but cannot fund OrgCode to come into the community to conduct the Train the Trainer training.

Co-Chair Schuster requested follow up on the data from the Long-term Stayer Project.

Mr. Wall asked for an update from the strategic planning session of the Board.

10. Comments from Committee Members

Ms. Smith invited Committee Members to the opening of Saguaro Ki on June 7.

Ms. Serviss invited Committee Members to attend a postcard writing campaign at the Coalition's new offices on May 31.

Adjourn

Mr. Wambach moved to adjourn the meeting. Ms. Jameson seconded. The motion passes unanimously.

[Date]

[Agency Name]

[Agency Address]

To Whom It May Concern:

I am referring [client name], DOB [M/D/Y], to the Coordinated Entry System for housing referral and placement. I am [your name], [& relation to client]. (*i.e. navigator, case manager, etc.*)

[Client name] reports to have experienced homelessness continuously from [M/D/Y] to [M/D/Y] (*or*) [number of times] between [M/Y to M/Y] for a total of [number of months] months in the past 3 years. (*Choose only one option*) [S/He/They is/are] currently homeless and residing at [location]. With the attached* documentation, I can attest [Client name] is chronically homeless according to the HUD definition.

In addition to [his/her/their] length of time homeless, [client name] has a long-term disability that has been documented by a medical professional and a currently has a monthly income of [\$ amount] from [source] (*or*) no monthly income. (*Choose only one option*)

Please contact me at [e-mail &/or phone number] for any additional information needed regarding chronic homeless verification.

Sincerely,

[Staff Name & Signature]

*Additional documentation, including (check all that apply):

- HMIS Entry/Exit profile print out
- Chronic Homeless Verification Worksheet
- Written documentation from additional 3rd party
- Self-Statement of history *continual* homelessness for 12 months or more
- Self-Statement of history of *episodes* of homelessness and *breaks* for 3 years or less
- Completed Certification of Disability

Regional CoC is committed to making its Coordinated Entry process available to eligible individuals and families, who will not be steered toward any particular housing facility or neighborhood, regardless of race, color, national origin, ancestry, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or expression, marital status, source of income, genetic information, or other arbitrary reasons.

The Maricopa Regional CoC does not tolerate discrimination on the basis of any of the above-stated protected classes during any phase of the Coordinated Entry process. Some programs may limit enrollment based on requirements imposed by funding sources and/or state or federal law. All such programs will avoid discrimination to the extent allowed by their funding sources and authorizing legislation.

All locations where persons are likely to access or attempt to access the Coordinated Entry System will include signs or brochures displayed in prominent locations informing participants of their right to file a discrimination complaint with the CoC in accordance with Section 5.09.

4.02 Housing First

CoC- and ESG-funded programs are committed to following a Housing First approach and reducing barriers for accessing their services. The Maricopa Regional CoC prohibits individuals from being screened out of the Coordinated Entry process due to perceived barriers to housing or services, including but not limited to: too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. CoC-funded programs that do not follow a strict Housing First approach (excluding those projects whose funding sources or grant agreements require otherwise) will work to limit barriers to accessing their services as much as possible.

4.03 Safeguards for Special Populations

The Maricopa Regional CoC is committed to ensuring all people in different populations and subpopulations in the CoC's geographic area—including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence - have fair and equal access to the Coordinated Entry process.

4.03.01 Domestic Violence Survivors (VAWA)

The CE system ensures that survivors of domestic violence are able to access any homeless program **the client chooses** ~~that is able to ensure participant safety and is appropriate to their needs.~~ Participants will not be denied access to the Coordinated Entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. Such individuals will have safe and confidential access to the Coordinated Entry process and victim service providers, and immediate access to emergency services such as domestic violence hotlines and shelter.

All Coordinated Entry staff must be trained at least annually in trauma-informed care, risk assessment, principles of domestic violence, safety planning, and confidentiality. Training and training providers will be approved by the Arizona Coalition to End Sexual and Domestic Violence.

When a person presents at an access point, questions about safety will be a top priority. If the initial screening questions indicate the primary presenting issue is safety-related due to fleeing, or attempting to flee domestic violence, dating violence, sexual assault, or stalking, the Coordinated Entry staff will work with the victim/survivor to present options related to accessing domestic violence services, or emergency shelter through the Coordinated Entry phone line.

Special Protections in Compliance With Rules Set Forth in 24 CFR Part 578, which Covers CoC Responsibilities, Including Responsibilities Related to the Violence Against Women Act (VAWA)

Federal regulations provide protections to and prohibit discrimination against program applicants and program participants who have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking, regardless of sex, gender identity, gender expression or actual or perceived sexual orientation. **All CoC-funded service providers are responsible for understanding and implementing these requirements, as written by HUD, within their programs.**

HUD prohibits denying assistance to program applicants and program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Similarly, HUD prohibits terminating program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Additionally, HUD-funded program participants cannot be evicted from housing because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking.

HUD Emergency Transfer Form ([HUD Form 5383](#)) will be required from the transferring party. Transferring the victim, bifurcation of lease, etc. may be used to address the victim needs.

Requirements:

The Maricopa Regional CoC and ESG providers must implement and document procedures to ensure compliance with the rules set forth in § 578.99(j) of the CoC Interim Rule:

- Persons may not be denied assistance, terminated from assistance or evicted as a result directly related to experiencing domestic violence, dating violence, sexual assault, or stalking, regardless of sex, gender identity, gender expression or actual or perceived sexual orientation.
- CoC funded programs must inform participants of Notice of Occupancy Rights and the Certification form for documenting the incident of domestic violence, dating violence, sexual assault, or stalking.
- Providers are to adhere to the CoC's adopted Emergency Transfer Plan.
- CoC programs must record the number of emergency transfer requests received and the outcomes associated with those requests.

- All housing providers will provide reasonable accommodations to this policy for persons with disabilities.

Prohibitions on Denying, Terminating, and Evicting Protected Program Participants:

HUD prohibits denying assistance to potential program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Similarly, HUD prohibits terminating program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Additionally, participants in HUD-funded programs cannot be evicted from housing because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking.

Participants may be evicted, and assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking. Mutually agreed upon early lease termination will be facilitated by the housing provider to protect the victim and other tenants if there is known imminent danger to the participant or other tenants. Participants may be evicted and assistance terminated, if covered HUD-funded housing providers can demonstrate that not evicting or terminating the participant's assistance would present a real physical danger that:

- Would occur within an immediate time frame, and
- Could result in death or serious bodily harm to other tenants or those who work on the property.

If housing provider can demonstrate the above, the housing provider should only terminate assistance or evict if there are no other actions that could be taken to reduce or eliminate the threat.

Providing Notice of VAWA Protections:

All CoC-funded housing providers and ESG-funded Homelessness Prevention and Rapid Rehousing providers must provide notice to program applicants and participants of their rights under VAWA. **CoC program grantees must document that clients were informed of their rights and provided copies of the notices. A signed copy of acknowledgement must be maintained in client files.** HUD provides detailed guidance on the scope and timing of this requirement in 24 CFR 578.99(j)(4) and 24 CFR 5.2005(a).

1) All CoC-funded programs must provide applicants and participants the following documents:

a) [HUD Form 5380](#): Notice of Occupancy Rights under the Violence Against Women Act form that explains the VAWA protections including the right to confidentiality, and any limitations on those protections.

b) [HUD Form 5382](#): Certification of Domestic Violence, Dating Violence, Sexual Assault, Stalking or Alternate Documentation form to be completed by the participant to document that the applicant or resident is a victim of domestic violence, dating violence, sexual assault, or stalking.

2) HUD forms 5380 and 5382 must be provided to each person seeking or receiving CoC or other HUD-funded housing assistance at the following times:

- a) When an individual or family is denied permanent or transitional housing;

b) When a program participant is admitted to permanent or transitional housing;

c) When a program participant receives notification of eviction; and

d) When a program participant is notified of termination of assistance.

3) HUD forms 5380 and 5382 are available in multiple languages [here](#).

4) If a program participant in a CoC-funded program has not been notified of their rights under VAWA, and none of the above conditions apply, the program must provide HUD forms 5380 and 5382 at re-certification or lease renewal.

5) CoC-funded programs using funds for rental assistance are required to include VAWA notification and confidentiality requirements (specified in 24 CFR 5.2007(c)) in a contract with the owner or manager of the housing unit(s). The program must ensure that the owner or manager of the housing provides HUD forms 5380 and 5382 to the program participant with any notification of eviction.

Contract, Lease, and Occupancy Agreement Provisions:

CoC-funded programs must include language in agreements with housing owners or landlords detailing VAWA protections, including notification, prohibited bases for eviction, limitations, and other requirements. For specific requirements, see 24 CFR 578.99(j)(5).

For leases for tenant-based rental assistance existing prior to December 16, 2016, recipients and subrecipients must enter into a contract as specified by 24 CFR 578.99(j)(5) before the next renewal of the lease.

Emergency Transfer:

One of the key provisions the 2013 VAWA updates and subsequent HUD regulations is the ability of an eligible program participant to be offered information about VAWA protections and the opportunity to request an Emergency Transfer from their housing unit to another, safer housing unit. The Maricopa Regional CoC has responded to this requirement by developing an Emergency Transfer Plan for victims of domestic violence, dating violence, sexual assault or stalking and an emergency response protocol for addressing incidents of domestic violence, dating violence, sexual assault, or stalking.

1) Ensuring Low Barrier Access

Program providers should be informed of signs of victimization and abuse and should proactively help participants understand their rights and protections under VAWA. If a participant indicates a need for protection or communicates a lack of safety, programs have a responsibility to help participants understand their rights and access their options. Program participants do not have to specifically request an emergency transfer or mention VAWA directly to be eligible for VAWA protections.

2) Emergency Transfer Request

HUD requires that its approved Emergency Transfer Request form be used to initiate Emergency Transfers. The form details the eligibility criteria for requesting an Emergency Transfer as well as the documentation and information that is necessary for completing the Emergency Transfer Request.

Providers are responsible for taking actions directed toward immediate client safety and should do this by first connecting the client to a Victim Service Provider for safety planning. By providing a direct referral to a Victim Service Provider, a risk assessment and safety planning will help the survivor navigate appropriate steps toward safety and determine what actions (including an emergency transfer) are in the best interest of their own safety.

3) Emergency Transfer Plan

HUD regulations require that its model Emergency Transfer plan be adapted and used to initiate and document Emergency Transfers under VAWA. The Maricopa Regional CoC has adopted HUD's Emergency Transfer Plan. Providers receiving HUD CoC and ESG funds must utilize the guidance provided in the Maricopa Regional CoC Emergency Transfer Plan to initiate Emergency Transfers.

Requesting an Emergency Transfer does not guarantee a program participant will receive a successful transfer opportunity and/or be located to another HUD-funded housing unit.

4) Emergency Response Protocol

In the interest of putting safety first, the Maricopa Regional CoC has adopted an Emergency Response Protocol that urges service providers to begin safety planning as the first step before initiating or requesting an Emergency Transfer.

- Providers in the Maricopa Regional CoC should contact SAFE DV Services, 480-890-3039, to begin assisting clients with safety planning and to help the Program Participant identify appropriate services. Providers are required to become familiar with this protocol and are encouraged to follow this protocol whenever safety allows.

Certification Documenting Incident:

Housing providers may, but are not required to, ask participants to provide documentation certifying incidents of domestic violence, dating violence, sexual assault, or stalking, to assert VAWA's protections. At their discretion, housing providers may apply VAWA to an individual based solely on the individual's verbal testimony. However, if the housing provider requests documentation, this request must be made in writing.

CoC programs must have written policies stating program requirements for requesting documentation to certify incidents and standard operating procedures outlining practices that prohibit discrimination and ensure client self-efficacy and confidentiality.

If a provider requires a participant to provide documentation of the event, the provider must submit the request to the participant in writing and inform the participant of acceptable forms of documentation. The program participant/victim can choose what form of documentation to provide. The program participant/victim has 14 business days to produce documentation and the housing provider may extend the timeframe if it is needed by the individual. Acceptable types of documentation provided by HUD are:

- 1) HUD Form 5382
- 2) Third party documentation includes statements provided by a victim service provider, medical professional, mental health professional, and/ or attorney. Must be signed by both the third party and the program participant/victim under the penalty of perjury. Persons requesting protection cannot be required to provide third-party documentation. However, in cases where two household members claim to be the victim and name the other household member as the perpetrator, the housing provider can require third-party documentation.
- 3) Police, court, or administrative records.
- 4) A written statement or other evidence provided by the participant.

Lease Bifurcation:

In accordance with 24 CFR 5.2009(a), housing providers may bifurcate a lease, or remove a household member from a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to such member who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking against an affiliated individual or other individual regardless of whether the household member is a signatory to the lease, and without evicting, removing, terminating assistance to, or otherwise penalizing a victim of such criminal activity who is also a tenant or lawful occupant.

Covered housing providers are encouraged to undertake whatever actions permissible and feasible under their respective programs to assist individuals residing in their units who are victims of domestic violence, dating violence, sexual assault, or stalking to remain in their units or other units under the covered housing program or other covered housing providers, and for the covered housing provider to bear the costs of any transfer, where permissible. (24 CFR 5.2009(c)).

Continued Assistance:

If a family who is receiving tenant-based rental assistance under this part separates via lease bifurcation (24 CFR 5.2009(a)), the family's tenant-based rental assistance and any utility assistance shall continue for the family member(s) who are not evicted or removed. (24 CFR 578.99(j)(7))

For permanent supportive housing projects, members of any household who were living in a unit assisted under this part at the time of a qualifying member's eviction from the unit because the qualifying member was found to have engaged in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking, have the right to rental assistance under this section until the expiration of the lease in effect at the time of the qualifying member's eviction. (24 CFR 578.75(i)(2), also see 24 CFR 578.99(i)(7))

Otherwise, if a family living in a CoC-funded project separates via lease bifurcation, the remaining tenant(s) will be eligible to remain in the project. (24 CFR 578.99(i)(7))

Documenting and Reporting Outcomes:

Providers must document requests for emergency transfers, including the outcome of the requests, and are required to report these outcomes to HUD annually. All records related to emergency transfer requests must be retained for three years. All covered housing providers must maintain records on emergency transfers requested under 24 CFR 5.2005(e).

Protecting Sensitive Data:

Agencies must ensure they have policies and infrastructure in place to secure sensitive data. Policies should include access levels, user passwords and retention and destruction guidelines. Infrastructure includes servers, networks, back-up devices, and software updates to maintain databases and protection against breaches and malware. HMIS records may be locked if necessary to protect the privacy of the victim.

4.03.02 Individuals with Disabilities

Access Points are accessible to individuals with disabilities, including individuals who use wheelchairs.

Physical Access Points are sited in proximity to public transportation and other services to facilitate participant access. If a person with a mobility impairment has difficulty accessing a particular Access Site, that person may request a reasonable accommodation to complete the Coordinated Entry process at a different location. The Access Point will take responsibility for arranging alternative transportation or will send staff to the client to assess.

The CoC provides appropriate auxiliary aids and services necessary to ensure effective communication as needed (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters).

4.04 Cultural and Linguistic Competency

Access Points will take reasonable steps to offer Coordinated Entry process materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).

Assessments will use culturally and linguistically competent questions that reduce cultural or linguistic barriers to housing and services. To ensure all staff administering assessments will use

2019 Point-in-Time (PIT) Count Report

Maricopa Regional Continuum of Care

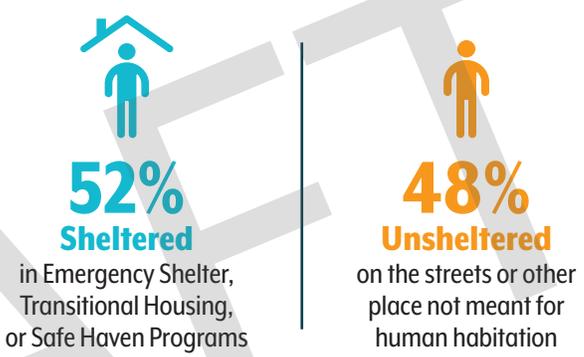
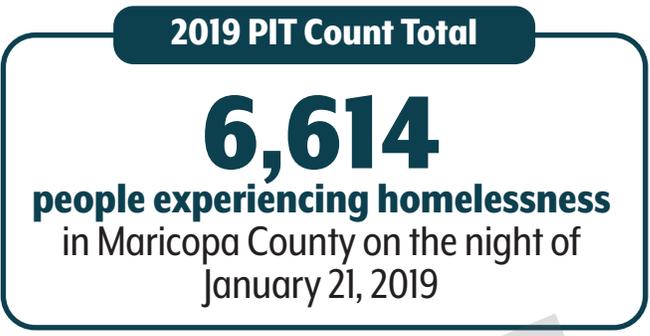
What is the PIT Count?

The Point-in-Time (PIT) Homeless Count is an annual street and shelter count to determine the number of people experiencing homelessness in Maricopa County during a given point in time. Conducted on a single day in January, this project includes a brief survey to identify the characteristics and needs of those experiencing homelessness. The Continuum of Care is required to submit PIT Count numbers to the U.S. Department of Housing and Urban Development (HUD) as part of a national effort to identify the extent of homelessness across the country.

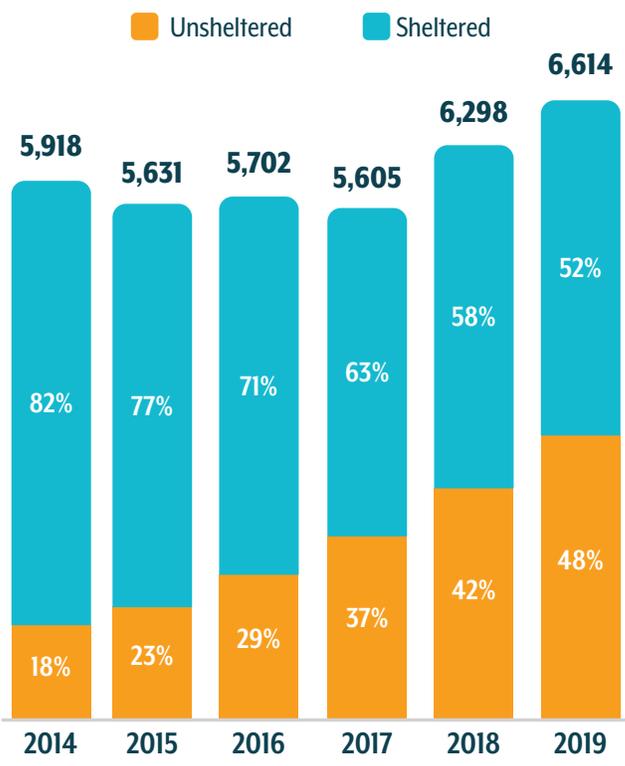
Why is it important?

The PIT Count is an important source of data on the unsheltered population, and is reported to Congress as part of the Annual Homelessness Assessment Report (AHAR). As the unsheltered count in particular continues to rise across the region, increased regional efforts to address homelessness are necessary. Potential factors that may have contributed to the increase include: improvement in PIT Count volunteer recruitment/training, change in emergency shelter capacity, and rising housing costs in the region.

The PIT Count is a one-night snapshot of homelessness in the region that is limited by weather conditions, number and training of volunteers, self-reported survey responses, and other factors. There are more people who experience homelessness over the course of the year than on any given single night. The Maricopa Regional Continuum of Care is committed to using data from the PIT Count and from the regional Homeless Management Information System (HMIS) to better understand the population experiencing homelessness in the region and to provide solutions that will make homelessness rare, brief, and non-recurring.

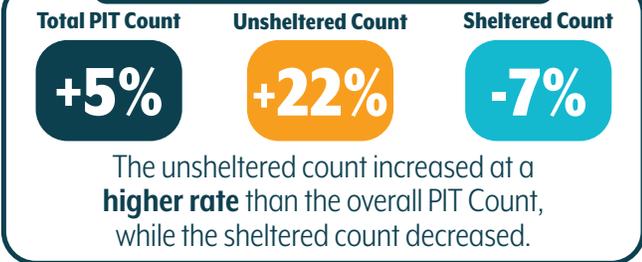


Total PIT Count, 2014-2019

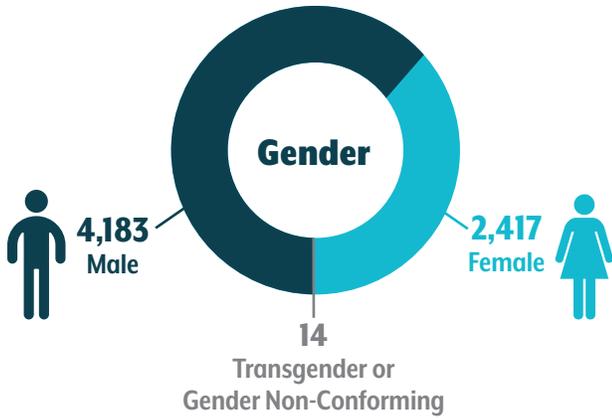


Source: Maricopa Regional Continuum of Care Point-in-Time (PIT) Count, 2014-2019

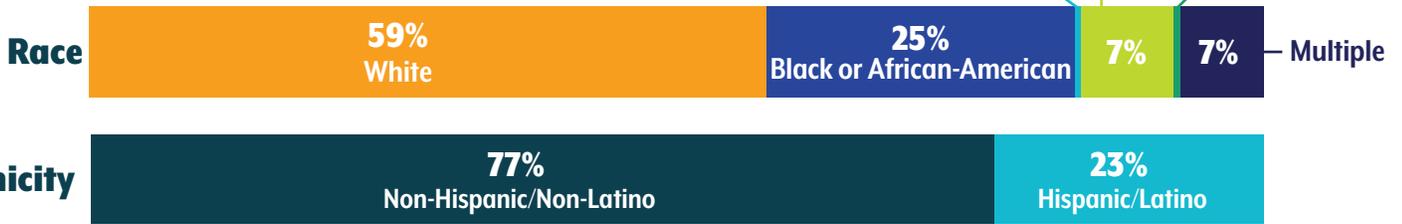
Growth Rate from 2018-2019



The demographics of the PIT Count have been fairly **consistent** over time. These charts show data from the 2019 PIT Count.



For the 2019 PIT Count, 63% of the homeless population identified as male, 37% identified as female, and less than 1% identified as either transgender or gender non-conforming. The proportion of gender has remained the same for the PIT Count throughout the years. The PIT Count has a larger proportion of the population identifying as male than Maricopa County's average of 49% from the U.S. Census Bureau's 2018 Population Estimates.

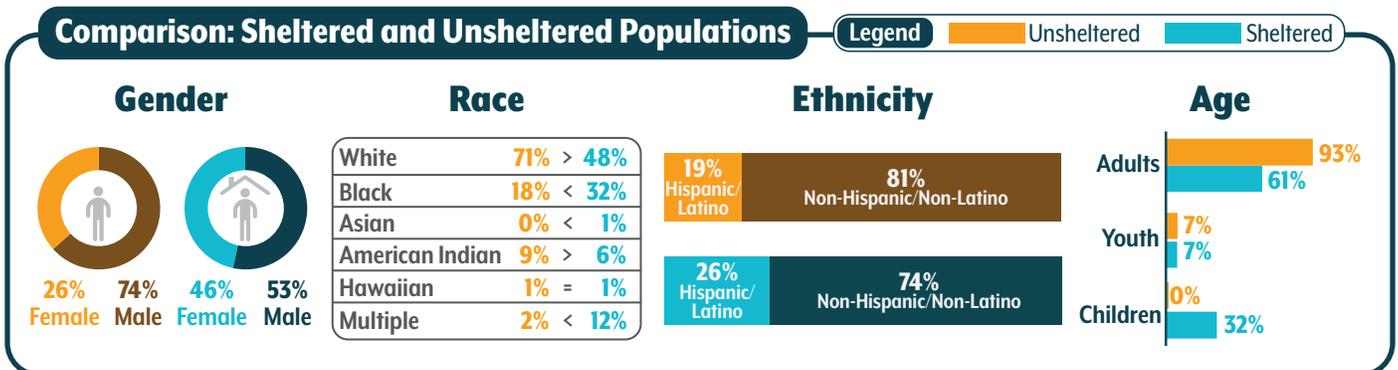


Over the years, the ethnic breakdown of the PIT Count has remained the same with a significant majority identifying as Non-Hispanic/Non-Latino; by race there has been a slight decrease in the White population and slight increase in Multiple Races. The 2019 PIT Count reported a differing racial makeup than Maricopa County. Census estimates for Maricopa County are as follows: White (83%), Black or African American (6%), American Indian or Alaskan Native (3%), and Multiple Races (3%). The PIT population also has a higher percentage identifying as Non-Hispanic/Non-Latino compared to Maricopa County population estimates (69%).

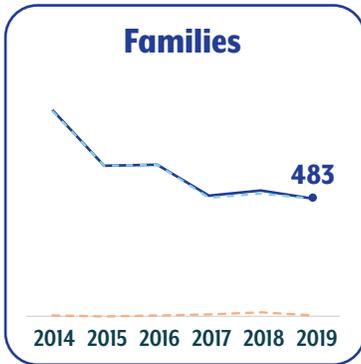


The largest age group from the PIT Count is adults (age 25+), which accounted for 76% of the 2019 PIT population. Children (age 0-17) make up 17% of the population, while youth (age 18-24) make up only 7% of the count. The percentage of adults identified from the PIT Count has been increasing throughout the years, while the percentage of children and youth have been decreasing. The PIT Count has a higher percentage of adults than population estimates for Maricopa County (67%).

Source: Maricopa County Demographics from the U.S. Census Bureau, 2018 Population Estimates

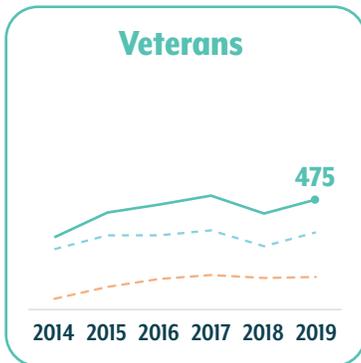
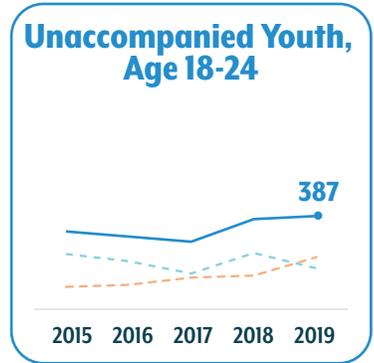


Legend solid line Total dashed orange Unsheltered dashed blue Sheltered



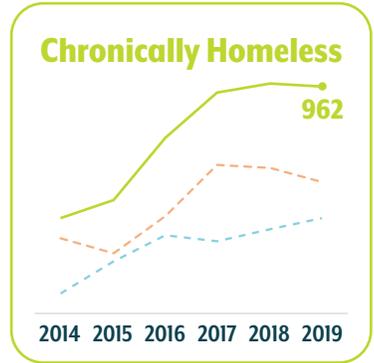
From 2014 to 2019, the number of families has decreased by 43%. Families are defined in this report as households with at least one adult and one child. Almost all families identified from the PIT Count are in either emergency shelter or transitional housing, with only one unsheltered family reported in 2019. Families may be hard to identify during the PIT Count due to tendencies to stay in vehicles, making it difficult for volunteers to identify them. This year's PIT Count took place on a particularly cold night, and it is possible that families were more likely to seek shelter that night.

Youth ages 18-24 are considered a vulnerable population, and the number has increased in the past few years. Efforts to specifically count the population of unaccompanied youth experiencing homelessness did not start until 2015. Youth can also be a challenging subpopulation to identify during the PIT Count. To account for this, youth service providers provided input on PIT Count strategies, including hosting magnet events at resource centers specifically for this subpopulation.



The number of veterans experiencing homelessness has increased. After a slight decrease in 2018, the number of veterans identified during the PIT Count increased again in 2019. It is important to note that veteran status is self-reported for the PIT Count.

The number of people who meet the chronic homelessness definition has significantly increased over the years. From 2014 to 2019, the total number of chronically homeless has increased by 139%. Interestingly in the past two years, the chronic unsheltered number has decreased while the chronic sheltered number has increased. *The HUD definition of chronic homelessness is: (1) has a disability and (2) has been homeless continuously for one year OR four or more times homeless in the last three years, where the combined length of time homeless is at least 12 months. When a household includes a head of household that qualifies as chronically homeless, all household members are counted as chronically homeless.*



The PIT Count also collects information on other subpopulations based on self-reported, voluntary responses:

Additional Populations	2014	2015	2016	2017	2018	2019
Mental Illness	586	523	931	866	903	966
Substance Abuse (Alcohol/Drug)	458	420	910	711	1228	1116
HIV/AIDS	75	13	68	60	80	117
Domestic Violence	581*	604*	1177*	1154*	425	805

**Prior to 2018, the PIT Count collected data on survivors of domestic violence; in 2018, this field changed to 'Fleeing Domestic Violence'.*

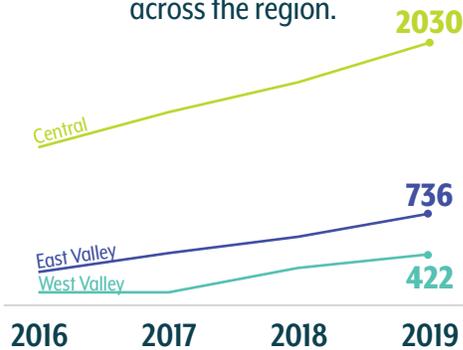
Unsheltered Count

The overall unsheltered count has been steadily increasing at an average of 25% each year. The number of people experiencing unsheltered homelessness in each subregion has also been increasing annually, with the majority of the unsheltered population concentrated in central Phoenix.

Subregions: West Valley Central East Valley

Unsheltered Count by Subregion

Unsheltered homelessness is rising across the region.

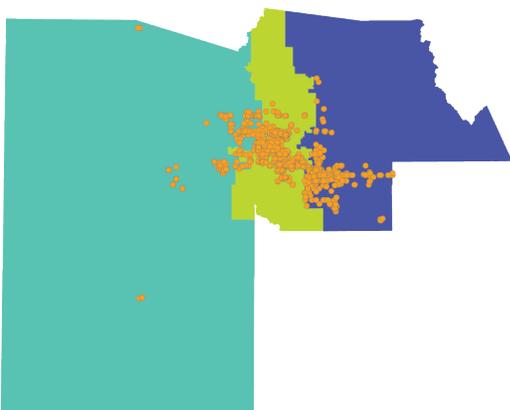


Subregion	2016	2017	2018	2019
Central	1,235	1,508	1,735	2,030
East Valley	276	412	560	736
West Valley	135	139	323	422

Unsheltered PIT Count Growth Rate

From 2016 to 2019, unsheltered homelessness in the Maricopa County region increased by **94%**. In the Central subregion (Phoenix), the growth rate in unsheltered homelessness was **64%**. In the East Valley, unsheltered homelessness increased by **167%** and in the West Valley, it went up by **213%**.

Locations of 2019 Unsheltered Surveys, Maricopa County



A more detailed map of the Unsheltered PIT Count is available online at: <https://www.azmag.gov/Programs/Homelessness/Point-In-Time-Homeless-Count>

Unsheltered Count by Municipality

Municipality	2016	2017	2018	2019
Avondale	37	27	13	35
Buckeye	0	0	22	24
El Mirage	0	0	2	7
Gila Bend	9	7	8	4
Glendale	44	57	164	194
Goodyear	7	7	22	22
Litchfield Park	0	0	0	0
Peoria	31	22	38	78
Surprise	6	16	39	33
Tolleson	0	0	9	5
Wickenburg	0	1	2	2
Youngtown	1	2	4	18
Phoenix	1,235	1,508	1,735	2,030
Carefree	0	0	0	0
Cave Creek	2	0	1	0
Chandler	14	27	54	54
Fountain Hills	0	0	0	0
Gilbert	1	2	4	2
Guadalupe	8	0	9	21
Mesa	95	130	144	206
Paradise Valley	0	0	0	0
Queen Creek	1	1	5	4
Scottsdale	67	50	67	76
Tempe	88	202	276	373
Total	1,646	2,059	2,618	3,188

New Survey Questions

This year, two questions were added to the unsheltered count interview survey:

Where were you this time last year?



88% Maricopa County
7% Another State
5% Another County in AZ

Number of Pets?



182

(including 10 service animals)

Source: Results from Unsheltered PIT Count interview surveys

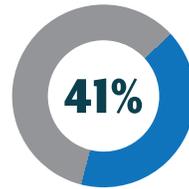
Sheltered Count

Most people experiencing sheltered homelessness during the 2019 PIT Count were in **Emergency Shelters**.

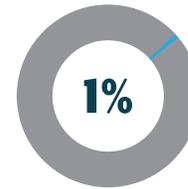
Emergency Shelter
(1,975)



Transitional Housing
(1,406)



Safe Haven*
(45)



Sheltered Count by Subregion

Subregion	2016	2017	2018	2019
Central	3,182	2,871	2,827	2,548
East Valley	663	486	704	672
West Valley	221	189	149	206
Total	4,056	3,546	3,680	3,426

The majority of Emergency Shelter, Transitional Housing, and Safe Haven* programs are located in Phoenix. In recent years, two major emergency shelter programs closed, which likely impacted the decrease in the sheltered count. As the homeless population continues to grow, there is an insufficient number of beds available in shelter programs.

*Note: Maricopa County no longer has "Safe Haven" projects, however, certain veteran Grant Per Diem beds are required by HUD to be reported as Safe Haven for the PIT Count.

Maricopa County

Maricopa County is the fastest growing region in the nation. The annual population growth rate has remained steady at 2% since 2012 (*U.S. Census Bureau, Population Estimates*). The PIT Count increased by 12% from 2017 to 2018, and 5% from 2018 to 2019.



Housing costs are high in the region. Maricopa County is the second most expensive county in Arizona.

Hourly Wage Needed to Afford a One-Bedroom Apartment at Fair Market Rent

\$16.69

Maricopa County

>

\$15.56

Arizona

Source: National Low Income Housing Coalition, *Out of Reach 2019*

Methodology

This year, approximately 750 volunteers, staff, and outreach workers participated in the PIT Count across the region. The unsheltered count relies on interview and observation surveys. All cities and towns except for Phoenix do a direct census count. The City of Phoenix uses an extrapolation method that identifies high and low density grids. High density grids are counted via complete census, while a random sample of low density grids are counted and extrapolated. PIT Count volunteers used either paper

survey forms or a mobile app to submit electronic surveys for each person they encountered. The mobile app was able to accurately record geographic coordinates for mapping and due to its ease of use, volunteers were often able to complete more surveys. The sheltered count comes from the region's Homeless Management Information System (HMIS) and service provider surveys.



Special thanks to the 2019 PIT Count Municipal Coordinators, volunteers, staff, and outreach teams that put in the time and effort to make this a successful count; Crisis Response Network for collecting and verifying provider data for the Housing Inventory Chart and Sheltered Count; and the Maricopa Regional Continuum of Care Board, Committee, and Data Subcommittee for their input and support of this annual count.

For more information, visit <http://azmag.gov/Programs/Homelessness/Point-In-Time-Homeless-Count>



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